



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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Bib Data Sheet

SERIAL NUMBER 09/440,903	FILING DATE 11/16/1999 RULE	CLASS 215	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. PACFI-001C1
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## APPLICANTS

Paul H. Bennett, San Dimas, CA ;  
 Thom M. Perlmutter, Redondo beach, CA ;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 09/014,075 01/27/1998 PAT 6,050,436  
 WHICH IS A CON OF 08/697,272 08/21/1996 PAT 5,711,443

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/10/1999

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

7663

## TITLE

TAMPER-EVIDENT CONTAINER CLOSURE

FILING FEE RECEIVED 497	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/440,903	FILING DATE 11/16/99	CLASS 215	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. PACFI-001C1
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APPLICANT

PAUL H. BENNETT, SAN DIMAS, CA.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 09/014,075 01/27/98  
 WHICH IS A CON OF 08/697,272 08/21/96 PAT 5,711,443

CROWIN

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*S*

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*S*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/10/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
*S* Examiner's Initials

Initials

ADDRESS

SEE CUSTOMER NUMBER: 007663

TITLE

TAMPER-EVIDENT CONTAINER CLOSURE

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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